WARNE Substitute form 1449/PTO							Complete if Known					
							Application Number	09	9/697,428			
INFORMATION DISCLOSURE STATEMENT BY APPLICANT						Filing Date	0	ctober 25,				
						First Named Inventor	В	uce A. Be	et al.			
OTATEMENT DI ALI LIOANI							Group Art Unit	2	2152			
·							Examiner Name					
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.